

CV 20 - 668

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ FEB 20 2020 ★

BROOKLYN OFFICE

EXHIBIT 1

**USE THIS COVER SHEET TO SEND CLAIM MATERIALS TO THE VA CLAIMS INTAKE CENTER
*** EFFECTIVE JANUARY 2017 – PLEASE DO NOT USE PREVIOUS VERSIONS*****



Centralized Intake Coversheet

To: Department of Veterans Affairs Claims Intake Center
PO BOX 4444, Janesville, WI 53547-4444
Fax: 844-531-7818

- Claimant Last Name: [REDACTED]
- Claimant First Name: [REDACTED]
- Claimant C-File #: [REDACTED]
- Claimant Zip Code: [REDACTED]
- VSO Contact Email: Veteran's Email: [REDACTED]
- Fax Date (MM/DD/YYYY – If applicable): #
- of Pages to Include Coversheet: 25

• Emergent Claim Categories (if applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> "TERM" Terminally ill claimants | <input type="checkbox"/> "FPOW" Former prisoners of war and their survivors | <input type="checkbox"/> "AGE" Greater than 85 years of age |
| <input type="checkbox"/> "SERW" Veterans seriously injured in service but not in receipt of benefits | <input type="checkbox"/> "HOME" Homeless Veterans | <input type="checkbox"/> "HONR" Awarded the Medal of Honor |
| <input type="checkbox"/> "FINH" Claimants suffering from extreme financial hardship | <input type="checkbox"/> "SUIC" Suicidal claimants | <input type="checkbox"/> Visually Impaired Veteran |
| | <input type="checkbox"/> "ALS" Diagnose with Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease | |

• List Forms Included:

- | | | | |
|---|---|--------------------------------|--|
| <input type="checkbox"/> 00381 | VA 21-0781 Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) | <input type="checkbox"/> 00142 | VA 21-674 Request for Approval of School Attendance |
| <input type="checkbox"/> 00295 | VA 21-22 Appointment of Veterans Serv. Org. | <input type="checkbox"/> 00148 | VA 21-686c Declaration of Status of Dependents |
| <input type="checkbox"/> 00111 | VA 21-2680 Request for Aid and Attendance / Housebound Status | <input type="checkbox"/> 00158 | VA 21-8940 Veteran's Application for Increased Compensation Based of Unemployability |
| <input checked="" type="checkbox"/> 00115 | VA 21-4138 Statement In Support of Claim | <input type="checkbox"/> 00173 | VA 572 Request for Change of Address / Cancellation |
| <input type="checkbox"/> 00386 | VA 21-4140-1 Employment Questionnaire | <input type="checkbox"/> 00420 | DD 214 Certified Original - Certificate of Release |
| <input type="checkbox"/> 00131 | VA 21-526 Veterans Application for Compensation | <input type="checkbox"/> 00025 | Birth Certificate |
| <input type="checkbox"/> 00532 | VA 21-526b, Veteran Supplemental Claim | <input type="checkbox"/> 00091 | Divorce Decree |
| <input checked="" type="checkbox"/> 00533 | VA 21-526EZ, Fully Developed Claim (Compensation) | <input type="checkbox"/> 00061 | Marriage Certificate / License |

Other:

Phone: [REDACTED]

IMPORTANT: Verify on Fax Confirmation Sheet the Claims Evidence is sent to [REDACTED]

Disclaimer: VA Directive 6609, "Mailing of Sensitive Personal Information," dated May 20, 2011 states that access to Veterans' records is limited to authorized persons only. Information may not be disclosed from this file unless permitted by all applicable legal authorities, enforced by 38 C.F.R. §§ 1.460 – 1.599 and 45 C.F.R. Parts 160 and 164. The Privacy Act contains provisions for criminal penalties for knowingly and willfully disclosing information from the Veterans' file unless properly authorized to do so.



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will either complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)

2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY) Month Day Year
[REDACTED]	[REDACTED]	[REDACTED]
5. VETERAN'S SERVICE NUMBER (If applicable)	6. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)
[REDACTED]	[REDACTED]	[REDACTED]

8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street [REDACTED]

Apt/Unit Number [REDACTED] City [REDACTED]

State/Province **N C** Country **U S** ZIP Code/Postal Code [REDACTED] - [REDACTED]

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

- 1) Mental Health Condition: Depressive Disorder D/T Chronic Pain Syndrome With Depressive Features Secondary to Service Connected:
 - a) Ankylosis with left foot instability, status post left 2nd toe fracture and arthroplasty claimed as limitation of motion
 - b) Status post left foot bunionectomy with residual hallux valgus
 - c) Residual left foot scars, paresthesia or plantar nerve of heel (bone donor site) and scars of 1st and 2nd toes
 - d) Degenerative joint disease, right 1st and left 2nd metatarsophalangeal joints
- 2) I have enclosed the following as evidence in support of the above claim: (If you do not have the items listed below PLEASE CONTACT ME to replace the missing item prior to deciding my claim.)
 - 1) VA FORM 21-4138 (2 Pages)
 - 2) VA FORM 21-526EZ (4 Pages)
 - 3) VA FORM 21-0960P-2 + Addendum (7 Pages)
 - 4) Beck's Depression Inventory (3 Pages)
 - 5) McGill Pain Questionnaire (1 Page)
 - 6) VHA Pain Primer Information (6 Pages)
 - 7) DD214 (1 Page)

***** TOTAL PAGES: 24 PAGES *****

VETERAN'S SOCIAL SECURITY NO. [REDACTED]

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE (*Sign in ink*)

10. DATE SIGNED (MM/DD/YYYY)

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



**VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)**

**APPLICATION FOR DISABILITY COMPENSATION
AND RELATED COMPENSATION BENEFITS**

IMPORTANT: Please read the Privacy Act and Respondent Burden on page 10 before completing the form.

SECTION I: IDENTIFICATION AND CLAIM INFORMATION

1. VETERAN/SERVICE MEMBER NAME (First, Middle Initial, Last)

A horizontal row of ten empty white squares, likely used for grading or marking responses.

2. VETERAN'S SOCIAL SECURITY NUMBER **3. HAVE YOU EVER FILED A CLAIM WITH VA?** **4. VA FILE NUMBER**

YES NO *(If "Yes," provide your file number in Item 4)*

5. DATE OF BIRTH (MM/DD/YYYY)			6. SEX	7. VETERAN'S SERVICE NUMBER (If applicable)							
Month	Day	Year	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE								

8A. ARE YOU CURRENTLY HOMELESS OR AT RISK OF BECOMING HOMELESS?	8B. POINT OF CONTACT (Name of person that VA can contact in order to get in touch with you)	8C. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 8B & 8C)</i>		 - -

9A. SERVICE (Check all that apply) **9B. COMPONENT (Check all that apply)**

ARMY NAVY MARINE CORPS AIR FORCE COAST GUARD ACTIVE RESERVES NATIONAL GUARD

10A. CURRENT MAILING ADDRESS (*Number and street or rural route, P.O. Box, City, State, ZIP Code and Country*)

No. & _____
Street _____

Apt/Unit Number	<input type="text" value=" "/>	City	<input type="text" value="XXXXXXXXXX"/>	<input type="text" value=" "/>	<input type="text" value=" "/>	<input type="text" value=" "/>					
State/Province	N	C	Country	U	S	ZIP Code/Postal Code	<input type="text" value="XXXXXX"/>	-	<input type="text" value=" "/>	<input type="text" value=" "/>	<input type="text" value=" "/>

10B. FORWARDING ADDRESS AND EFFECTIVE DATE (Provide the date you will be living at this address)

No. & Street _____

State/Province **Country** **ZIP Code/Postal Code** -

EFFECTIVE DATE:

Month Day Year

--	--	--	--	--	--	--

11. PREFERRED TELEPHONE NUMBER

ANSWER The answer is 1000.

12A PREFERRED E-MAIL ADDRESS (If applicable)

12B. ALTERNATE E-MAIL ADDRESS (If applicable)

13. LIST THE DISABILITY(IES) YOU ARE CLAIMING (If applicable, identify whether a disability is due to a service-connected disability, is due to confinement as a Prisoner of War, is due to exposure to Agent Orange, Asbestos, Mustard Gas, Ionizing Radiation, or Gulf War Environmental Hazards, or is related to benefits under 38 U.S.C. 1151).

Please list your contentions below. See the following examples, for more information:

- Example 1: Hearing loss
- Example 2: Diabetes-Agent Orange (exposed 12/72, Da Nang)
- Example 3: Left knee - secondary to right knee

DISABILITIES

1.	Depressive Disorder Due to Chronic Pain Syndrome With Depressive Features Secondary To the Following Service Connected Disabilities:
2.	- Ankylosis with left foot instability, status post left 2nd toe fracture and arthroplasty claimed as limitation of motion
3.	- Status post left foot bunionectomy with residual hallux valgus
4.	-Residual left foot scars, paresthesia or plantar nerve of heel (bone donor site) and scars of 1st and 2nd toes
5.	- Degenerative joint disease, right 1st and left 2nd metatarsophalangeal joints
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

14. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES:

A. NAME AND LOCATION	B. DATE(S) OF TREATMENT

VETERANS SOCIAL SECURITY NO. [REDACTED]

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW
 (VA forms are available at www.va.gov/vaforms).

For:	Required Form(s):
Dependents	VA Form 21-886c and, if claiming a child aged 18-23 years and in school, VA Form 21-874
Individual Unemployability	VA Form 21-8940 and 21-4192
Post-Traumatic Stress Disorder	VA Form 21-0781 and 21-0781a
Specially Adapted Housing or Special Home Adaptation	VA Form 28-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

SECTION II: SERVICE INFORMATION

15A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 15B) <input checked="" type="checkbox"/> NO (If "No," skip to Item 16A)	15B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER:																	
16A. MOST RECENT ACTIVE SERVICE ENTRY DATE (MM,DD,YYYY) Month Day Year 03 - 22 - 2001	16B. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE SERVICE (MM,DD,YYYY) Month Day Year 07 - 07 - 2009																	
16C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	16D. PLACE OF LAST OR ANTICIPATED SEPARATION FORT BRAGG, NC																	
17A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 17B thru 17F) (If "No," skip to Item 18A)	17B. COMPONENT <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	17C. OBLIGATION TERM OF SERVICE From: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> To: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
17D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT: ()	17E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code)	17F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																
18A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 18B & 18C)	18B. DATE OF ACTIVATION: (MM,DD,YYYY) Month Day Year <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									18C. ANTICIPATED SEPARATION DATE: (MM,DD,YYYY) Month Day Year <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
19A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Item 19B)	19B. DATES OF CONFINEMENT (MM,DD,YYYY) From: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> To: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> - <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																	
20A. DID/DO YOU RECEIVE ANY TYPE OF SEPARATION/SEVERANCE/RETired PAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 20B and 20C)	20B. LIST AMOUNT (If known) \$ 72,204.00	20C. LIST TYPE (If known) DISABILITY																

IMPORTANT: Submission of this application constitutes an election of VA compensation in lieu of military retired pay if it is determined you are entitled to both benefits. If you are entitled to receive military retired pay, your retired pay may be reduced by the amount of any VA compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. Receipt of military retired pay or Voluntary Separation Incentive (VSI) and VA compensation at the same time may result in an overpayment, which may be subject to collection. However, if you do not want to receive VA compensation in lieu of military retired pay, you should check the box in Item 21. Please note that if you check the box in Item 21, you will not receive VA compensation, if granted.

21. I want military retired pay instead of VA compensation

IMPORTANT: You may elect to keep the training pay for inactive duty training days you received from the military service department. However, to be legally entitled to keep your training pay, you must waive VA benefits for the number of days equal to the number of days for which you received training pay. In most instances, it will be to your advantage to waive your VA benefits and keep your training pay.

If you waive VA benefits to receive training pay by checking the box in Item 22, VA will adjust your VA award to withhold future benefits equal to the total number of inactive duty for training days waived and at the monthly rate in effect for the fiscal year period for which you received training pay. Your normal VA rate will be restored when the sufficient numbers of days' benefits have been withheld.

22. I elect to waive VA benefits for the days I accrued inactive duty training pay in order to retain my inactive duty training pay.

SECTION IV: DIRECT DEPOSIT INFORMATION

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 23, 24 and 25 to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

23. ACCOUNT NUMBER (Check the appropriate box and provide the account number, or simply write "Established" if you have a direct deposit with VA)

CHECKING

SAVINGS

I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

Account No.: **ESTABLISHED**

Account No.: _____

24. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit)

ESTABLISHED

25. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

ESTABLISHED

SECTION V: CLAIM CERTIFICATION AND SIGNATURE

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me, and I waive any privilege which makes the information confidential.

I certify I have received the notice attached to this application titled, *Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits*.

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; OR, I have no information or evidence to give VA to support my claim; OR, I have checked the box in Item 26, indicating that I do not want my claim considered for rapid processing in the Fully Developed Claim (FDC) Program because I plan to submit further evidence in support of my claim.

ALTERNATE SIGNER: By signing on behalf of the claimant, I certify that I am a court-appointed representative; OR, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; OR, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; OR, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; AND, that the claimant is under the age of 18; OR, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; OR, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

26. The FDC Program is designed to rapidly process compensation or pension claims received with the evidence necessary to decide the claim. VA will automatically consider a claim submitted on this form for rapid processing under the FDC Program. Check the box below ONLY if you DO NOT want your claim considered for rapid processing under the FDC Program because you plan on submitting further evidence in support of your claim.

I DO NOT want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.

27A. VETERAN/SERVICE MEMBER/ALTERNATE SIGNER SIGNATURE (REQUIRED)

27B. DATE SIGNED

SECTION VI: WITNESSES TO SIGNATURE

28A. SIGNATURE OF WITNESS (If veteran signed above using an "X")

28B. PRINTED NAME AND ADDRESS OF WITNESS

29A. SIGNATURE OF WITNESS (If veteran signed above using an "X")

29B. PRINTED NAME AND ADDRESS OF WITNESS

SECTION VII: POWER OF ATTORNEY (POA) SIGNATURE

I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature *will not* be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual As Claimant's Representative*, indicating the appropriate POA is of record with VA.

30A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE

30B. DATE SIGNED

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your obligation to respond is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

MENTAL DISORDERS (OTHER THAN PTSD AND EATING DISORDERS) DISABILITY BENEFITS QUESTIONNAIRE

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BEFORE COMPLETING FORM.

NAME OF PATIENT/VETERAN

[REDACTED]

PATIENT/VETERAN'S SOCIAL SECURITY NUMBER

[REDACTED]

PSYCHIATRIST/PSYCHOLOGIST/EXAMINER - Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the veteran's claim. Please note that this questionnaire is for disability evaluation, not for treatment purposes. VA reserves the right to confirm the authenticity of ALL DBQs completed by private health care providers.

NOTE: If the veteran experiences a mental health emergency during the interview, please terminate the interview and obtain help, using local resources as appropriate. You may also contact the Veterans Crisis Line at 1-800-273-TALK (8255). Stay on the Crisis Line until help can link the veteran to emergency care.

NOTE: In order to conduct an INITIAL examination for mental disorders, the examiner must meet one of the following criteria: a board-certified or board-eligible psychiatrist; a licensed doctorate-level psychologist; a doctorate-level mental health provider under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; a psychiatry resident under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist; or a clinical or counseling psychologist completing a one-year internship or residency (for purposes of a doctorate-level degree) under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist. In order to conduct a REVIEW examination for mental disorders, the examiner must meet one of the criteria from above, OR be a licensed clinical social worker (LCSW), a nurse practitioner, a clinical nurse specialist, or a physician assistant, under close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist. This Questionnaire is to be completed for both initial and review mental disorder(s) claims.

SECTION I: DIAGNOSIS

1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A MENTAL DISORDER(S)?

YES NO

NOTE: If the veteran has a diagnosis of an eating disorder, complete VA Form 21-0960P-1, Eating Disorders Disability Benefits Questionnaire, in lieu of this questionnaire.

NOTE: If the veteran has a diagnosis of PTSD, VA Form 21-0960P-4, Initial PTSD Disability Benefits Questionnaire, must be completed by a VHA staff or contract examiner in lieu of this questionnaire.

If the veteran currently has one or more mental disorders that conform to DSM-IV criteria, provide all diagnoses:

DIAGNOSIS #1 DEPRESSIVE DISORDER DUE TO CHRONIC PAIN SYNDROME WITH DEPRESSIVE FEATURES

ICD CODE: 293.83 [F06.31]

INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY:

DIAGNOSIS #2

ICD CODE:

INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY:

DIAGNOSIS #3

ICD CODE:

INDICATE THE AXIS CATEGORY: AXIS I AXIS II

COMMENTS, IF ANY:

IF ADDITIONAL DIAGNOSES THAT PERTAIN TO MENTAL HEALTH DISORDERS, LIST USING ABOVE FORMAT:

1B. AXIS III - MEDICAL DIAGNOSES (TO INCLUDE TBI):

ICD CODE: 338.40 [G89.4]

COMMENTS, IF ANY: CHRONIC PAIN SYNDROME: DID NOT EXIST PRIOR TO ENLISTMENT

1C. AXIS IV - PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS (DESCRIBE, IF ANY):

Family, Occupational, Social

1D. AXIS V - CURRENT GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE: 50

COMMENTS, IF ANY:

PATIENT/VETERAN'S SOCIAL SECURITY NO. [REDACTED]

2. DIFFERENTIATION OF SYMPTOMS

2A. DOES THE VETERAN HAVE MORE THAN ONE MENTAL DISORDER DIAGNOSED?

YES NO (*If "Yes," complete Item 2B*)

2B. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

YES NO NOT APPLICABLE

(*If "No," provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis*)

(*If "Yes," list which symptoms are attributable to each diagnosis*)

2C. DOES THE VETERAN HAVE A DIAGNOSED TRAUMATIC BRAIN INJURY (TBI)?

YES NO NOT SHOWN IN RECORDS REVIEWED (*If "Yes," complete Item 2D*)

Comments, if any:
VETERAN CURRENTLY 40% SC FOR THIS CONDITION

2D. IS IT POSSIBLE TO DIFFERENTIATE WHAT SYMPTOM(S) IS/ARE ATTRIBUTABLE TO EACH DIAGNOSIS?

YES NO NOT APPLICABLE

(*If "No," provide reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis*)

Overlap of symptomatology limits accuracy of differentiation and attribution of symptoms.

(*If "Yes," list which symptoms are attributable to each diagnosis*)

3. OCCUPATIONAL AND SOCIAL IMPAIRMENT

3A. WHICH OF THE FOLLOWING BEST SUMMARIZES THE VETERAN'S LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT WITH REGARD TO ALL MENTAL DIAGNOSES? (*Check only one*)

- No mental disorder diagnosis
- A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication
- Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by medication
- Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks, although generally functioning satisfactorily, with normal routine behavior, self-care and conversation
- Occupational and social impairment with reduced reliability and productivity
- Occupational and social impairment with deficiencies in most areas, such as work, school, family relations, judgment, thinking and/or mood
- Total occupational and social impairment

3B. FOR THE INDICATED LEVEL OF OCCUPATIONAL AND SOCIAL IMPAIRMENT, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED IN ITEM 3A IS CAUSED BY EACH MENTAL DISORDER?

YES NO NO OTHER MENTAL DISORDER HAS BEEN DIAGNOSED

(*If "No," provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis*)

(*If "Yes," list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis*)

3C. IF A DIAGNOSIS OF TBI EXISTS, IS IT POSSIBLE TO DIFFERENTIATE WHAT PORTION OF THE OCCUPATIONAL AND SOCIAL IMPAIRMENT INDICATED IN ITEM 3A IS CAUSED BY THE TBI?

YES NO NO DIAGNOSIS OF TBI

(*If "No," provide reason that it is not possible to differentiate what portion of the indicated level of occupational and social impairment is attributable to each diagnosis*) Given the overlap of symptoms, there is limited ability to accurately differentiate or apportion the level of occupational and social impairment attributable to each diagnosis.

(*If "Yes," list which portion of the indicated level of occupational and social impairment is attributable to each diagnosis*)

SECTION II: CLINICAL FINDINGS:**1. EVIDENCE REVIEW**

IF ANY RECORDS (EVIDENCE) WERE REVIEWED, PLEASE LIST

Relevant medical records/VA service connected disability ratings.

NOTE: Initial examinations require pre-military, military, and post-military history. If this is a review examination only indicate any relevant history since prior exam.

2. HISTORY

2A. RELEVANT SOCIAL/MARITAL/FAMILY HISTORY (PRE-MILITARY, MILITARY, AND POST-MILITARY)

See Addendum

2B. RELEVANT OCCUPATIONAL AND EDUCATIONAL HISTORY (PRE-MILITARY, MILITARY, AND POST-MILITARY)

See Addendum

2C. RELEVANT MENTAL HEALTH HISTORY, TO INCLUDE PRESCRIBED MEDICATIONS AND FAMILY MENTAL HEALTH (PRE-MILITARY, MILITARY, AND POST-MILITARY)

The veteran has no history of mental health treatment. He has never been advised to obtain such treatment. He takes no psychiatric medications. He endorsed passive suicidal ideation, but denied wishing for death, a plan or intent.

2D. RELEVANT LEGAL AND BEHAVIORAL HISTORY (PRE-MILITARY, MILITARY, AND POST-MILITARY)

The veteran denied a history of legal problems. He's hasn't had any moving violations in the last three years. His emotional issues affect his driving ability. He has to take frequent breaks on longer trips. He also gets easily irritated with other drivers and will yell, swear and run them off the road. No actual confrontations were reported.

2E. RELEVANT SUBSTANCE ABUSE HISTORY (PRE-MILITARY, MILITARY, AND POST-MILITARY)

The veteran denied the use or abuse of tobacco or illicit drugs. He has never overused prescription medications. The veteran reports drinking 8 or more beers 5/7 days. He has never been involved in any substance use treatment program.

2F. SENTINEL EVENT(S) (OTHER THAN STRESSORS)

No sentinel events per the Joint Commission criteria. The veteran reported pain has increased severely since being in the military. Level of exercise has decreased. Flexibility has changed markedly. As the pain has increased, emotional issues have worsened.

2G. OTHER (If any)

SEE ADDENDUM

SECTION III: SYMPTOMS

3. FOR VA RATING PURPOSES, CHECK ALL SYMPTOMS THAT APPLY TO THE VETERAN'S DIAGNOSES

- Depressed mood
- Anxiety
- Suspiciousness
- Panic attacks that occur weekly or less often
- Panic attacks more than once a week
- Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- Chronic sleep impairment
- Mild memory loss, such as forgetting names, directions or recent events
- Impairment of short and long term memory, for example, retention of only highly learned material, while forgetting to complete tasks
- Memory loss for names of close relatives, own occupation, or own name
- Flattened affect
- Circumstantial, circumlocutory or stereotyped speech
- Speech intermittently illogical, obscure, or irrelevant
- Difficulty in understanding complex commands
- Impaired judgment
- Impaired abstract thinking
- Gross impairment in thought processes or communication
- Disturbances of motivation and mood
- Difficulty in establishing and maintaining effective work and social relationships
- Difficulty adapting to stressful circumstances, including work or a work like setting
- Inability to establish and maintain effective relationships
- Suicidal ideation
- Obsessional rituals which interfere with routine activities
- Impaired impulse control, such as unprovoked irritability with periods of violence
- Spatial disorientation
- Persistent delusions or hallucinations
- Grossly inappropriate behavior
- Persistent danger of hurting self or others
- Neglect of personal appearance and hygiene
- Intermittent inability to perform activities of daily living, including maintenance of minimal personal hygiene
- Disorientation to time or place

SECTION IV: OTHER SYMPTOMS

4. DOES THE VETERAN HAVE ANY OTHER SYMPTOMS ATTRIBUTABLE TO MENTAL DISORDERS THAT ARE NOT LISTED ABOVE?

 YES NO (If "Yes," describe)

THE VETERAN EXHIBITS THE FOLLOWING SYMPTOMS ASSOCIATED WITH THE CHRONIC PAIN DISORDER:

REDUCED ACTIVITY
IRRITABILITY
IMPAIRED SLEEP
FATIGUE
ANXIETY
GUILT/HOPELESSNESS
SOCIAL WITHDRAWAL
LESS INTEREST IN SEX
LOW SELF-ESTEEM
RELATIONSHIP PROBLEMS
MEMORY/COGNITIVE IMPAIRMENT
PAIN BEHAVIORS
LOSS OF EMPLOYMENT OPPORTUNITIES
KINESIOPHOBIA (AVOIDANCE OF MOVEMENTS/ACTIVITIES FOR FEAR OF RE-INJURY OR INCREASED PAIN)

SECTION V: COMPETENCY

5. IS THE VETERAN CAPABLE OF MANAGING HIS OR HER FINANCIAL AFFAIRS?

 YES NO (*If "No," explain*)**SECTION VI: REMARKS**6. REMARKS (*If any*)

***** MEDICAL OPINION ***** RATIONALE FOR MEDICAL OPINION *****

MEDICAL OPINION:

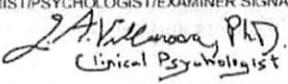
THE VETERAN'S CURRENT MENTAL HEALTH CONDITION, DEPRESSIVE DISORDER DUE TO CHRONIC PAIN SYNDROME, WITH DEPRESSIVE FEATURES, IS MORE LIKELY THAN NOT (MORE THAN A 50%/50% PROBABILITY) A CONTINUATION OF, RELATED TO, SECONDARY TO, OR AGGRAVATED BY THE MILITARY SERVICE CONNECTED ANKYLOSIS WITH LEFT FOOT INSTABILITY SP LEFT 2ND TOE FRACTURE AND ARTHROPLASTY, SP LEFT FOOT BUNIONECTOMY WITH RESIDUAL HALLUX VALGUS, LEFT FOOT RESIDUAL SCARS PARESTHESIA OR PLANTAR NERVE OF HEELAND SCARS OF 1ST AND 2ND TOES, AND RIGHT 1ST AND 2ND METATARSOPHALANGEAL JOINT DJD.

RATIONALE FOR MEDICAL OPINION:

PER VETERAN INTERVIEW AND MEDICAL RECORD REVIEW, AND RECENT MENTAL HEALTH EVALUATION AND CHRONIC PAIN ASSESSMENTS, APPLIED TO THE VHA PAIN PRIMER LITERATURE AND CONTEMPORANEOUS CHRONIC PAIN MEDICAL LITERATURE AND DSM-5, THIS VETERAN HAS SYMPTOMATOLOGY CONSISTENT WITH DEPRESSIVE DISORDER DUE TO CHRONIC PAIN SYNDROME, WITH DEPRESSIVE FEATURES, WHICH IS REPORTED AND RECOGNIZED TO BE SECONDARY TO THE SERVICE CONNECTED CONDITIONS.

SECTION VII: PSYCHIATRIST/PSYCHOLOGIST/EXAMINER CERTIFICATION AND SIGNATURE

CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.

7A. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER SIGNATURE & TITLE (<i>Sign in ink</i>)  Clinical Psychologist	7B. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER PRINTED NAME Gregory A. Villarosa, Ph.D.
7C. DATE SIGNED 11/08/2018	7D. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER PHONE AND FAX NUMBER P (704) 305-1909; F (980) 258-0053
7E. NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER NC PP#1667/NPI#1720201593	7F. PSYCHIATRIST/PSYCHOLOGIST/EXAMINER ADDRESS 816 Treva Anne Dr., Concord, NC 28027

NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.

IMPORTANT - Psychiatrist/psychologist please fax the completed form to _____
(VA Regional Office FAX No.)NOTE - A list of VA Regional Office FAX Numbers can be found at www.benefits.va.gov/disabilityexams or obtained by calling 1-800-827-1000.

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAHome. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Addendum: Section II: Clinical Findings---History

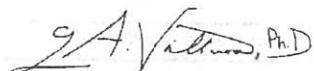
2A. (SOCIAL/MARITAL/FAMILY) The veteran was raised in Illinois by his mother and father. His father worked on the railroad, and his mother worked as a nurse while he was growing up. He has one brother and one sister, he is the second of three children. He got along fairly well with his family as he was growing up. He reported no educational, social, or occupational issues prior to his enlistment. Since his time in the military, problems with chronic medical conditions and emotional issues, he has been more distant and detached from family. He rarely has contact with his family members. Any interactions with them have been superficial and limited in personal self-disclosure.

The veteran has been married three times. His first marriage lasted 6 years they had no children together. This marriage ended prior to his current chronic medical and emotional issues. His second marriage lasted 5 years and they had no children together. He currently has been married for 1 year and they have no children together. As his chronic medical conditions and emotional issues increased, the veteran became more emotionally distant. He is irritable regularly and they argue more than usual. His chronic medical conditions and chronic pain are so severe that he rarely has sex with his wife or his ex-wife. This has become a point of contentions in the marriage. He is irritated and tired at the end of his work day and lacks the motivation to be productive. He has limited interactions with his wife and will isolate himself to prevent conflicts and arguments. The veteran reports this has been an issue for many years.

The veteran has no close friends with whom he socializes. Most interactions with people in a social setting are superficial. He rarely goes anywhere because of his chronic medical conditions, emotional issues and poor mobility. When at home after work, he is isolated and has limited social interactions. A picture of significant social isolation and withdrawal was evident

2B. (OCCUPATIONAL/EDUCATIONAL) The veteran graduated from high school and joined the military. He reported no educational, social, or occupational issues prior to his enlistment. He successfully completed Basic Training and Technical Training with no issues. At the end of his military career, chronic medical conditions, pain and his emotional issues greatly affected his functioning. He had significant difficulty paying attention and concentrating on the job. He got into frequent conflicts with peers, was short tempered and confrontational. He received formal discipline for these behaviors. His job productivity and ability to meet mission demands was unchanged but at the cost of every other facet of his life.

Since leaving the military, his chronic medical conditions, pain and emotional issues continue to affect his functioning. He is irritable regularly and continues to struggle with professional relationships. He currently works as a K-9 trainer. He has been written up multiple times from arguing with his peers and supervisors. He has been passed over for promotions and raises despite his technical expertise.



(NC PP#1667)

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Concord, NC 28027
704-305-1909

SS# [REDACTED] Assessment Date: 11-13-2018

2G. (OTHER--MENTAL STATUS EXAM) On interview, the veteran looked his stated age of 44 years. He was of average stature and an appropriate weight. He was unkempt in appearance. He reported not showering or shaving for three or four consecutive days. Because of his chronic medical conditions and emotional issues, the veteran often neglected performing activities of daily living. Recent mood was described as "often suspicious, anxious, and depressed." The veteran reported feeling anxious about the negative impact of his emotional issues, and chronic medical conditions on his ability to remain employed. He reports having panic attacks more than once a week regarding these issue. He is suspicious of everyone and what ulterior motive they may have.

Significant problems with sleep onset and maintenance insomnia were indicated. He endorsed mental and physical fatigue due to his sleep problems. As a result, he is irritable, agitated and has difficulty functioning at work and at home. Mild memory loss, impairment of short and long term memory were endorsed by the veteran. He reports having to write things down to ensure he remembers them. Despite his efforts he forgets work tasks or task at home and is unable to complete them.

Speech was circumstantial or irrelevant. He would digress to irrelevant details and have to be redirected to stay on topic. His chronic medical conditions, and emotional issues have decreased his motivation and impaired his ability to adapt to stressful professional or personal situations. The veteran reported difficulty establishing and maintaining effective relationships of any kind. He endorsed impaired judgment and impulse control, demonstrated by excessive shopping. He was \$70K in debt and was forced to declare bankruptcy in 2018. His emotional issues have seriously affected his occupational performance.

He reports having the same issues he had while on active duty. He has received formal discipline, precluding him from raises and promotions. Decreased energy and variable appetite were reported. Problems with attention and concentration due to chronic medical conditions as noted earlier. Anhedonia was suggested including a lack of sexual interests. He denied wishing for death or suicidal ideation with a plan or intent.


(NC PP#1667)

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Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.

- 0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
(3) I am so sad and unhappy that I can't stand it.

2.

- 0 I am not particularly discouraged about the future.
1 I feel discouraged about the future.
2 I feel I have nothing to look forward to.
(3) I feel the future is hopeless and that things cannot improve.

3.

- 0 I do not feel like a failure.
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
(3) I feel I am a complete failure as a person.

4.

- 0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
(3) I am dissatisfied or bored with everything.

5.

- 0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
(2) I feel quite guilty most of the time.
3 I feel guilty all of the time.

6.

- 0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
(3) I feel I am being punished.

7.

- 0 I don't feel disappointed in myself.
(1) I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8.

- 0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
(2) I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9.

- (0)** I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10.

- 0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
(3) I used to be able to cry, but now I can't cry even though I want to.

11. 0 I am no more irritated by things than I ever was.
 1 I am slightly more irritated now than usual.
 2 I am quite annoyed or irritated a good deal of the time.
 ③ I feel irritated all the time.
12. 0 I have not lost interest in other people.
 1 I am less interested in other people than I used to be.
 ② I have lost most of my interest in other people.
 3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.
 1 I put off making decisions more than I used to.
 ② I have greater difficulty in making decisions more than I used to.
 3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
 1 I am worried that I am looking old or unattractive.
 ② I feel there are permanent changes in my appearance that make me look unattractive
 3 I believe that I look ugly.
15. 0 I can work about as well as before.
 1 It takes an extra effort to get started at doing something.
 ② I have to push myself very hard to do anything.
 3 I can't do any work at all.
16. 0 I can sleep as well as usual.
 1 I don't sleep as well as I used to.
 ② I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
 1 I get tired more easily than I used to.
 2 I get tired from doing almost anything.
 ③ I am too tired to do anything.
18. 0 My appetite is no worse than usual.
 ① My appetite is not as good as it used to be.
 2 My appetite is much worse now.
 3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.
 1 I have lost more than five pounds.
 ② I have lost more than ten pounds.
 3 I have lost more than fifteen pounds.

20. 0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
 2 I have almost no interest in sex.
3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score 44 Levels of Depression

1-10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
over 40	X Extreme depression

The McGill Pain Questionnaire

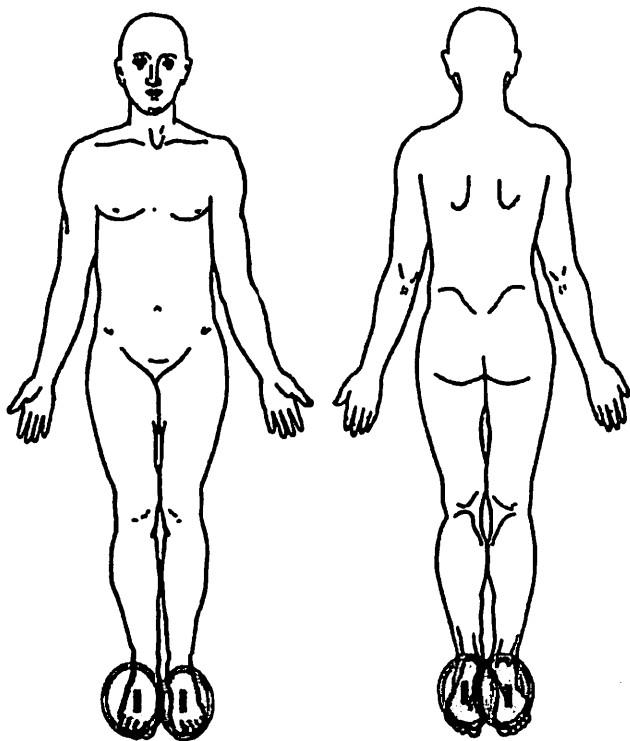
Patient Name: [REDACTED]

Patient ID / SSN #: [REDACTED]

Pain Site(s): left foot/heel

Part 1 Where Is Your Pain?

Please mark on the drawing below, the areas where you feel pain. Put E if external, or I if internal, near the areas which you mark. Put EI if both external and internal.



Part 3 How Does Your Pain Change With Time?

1. Which word or words would you use to describe the pattern of your pain?

- | | | |
|--|---------------------------------------|------------------------------------|
| 1 | 2 | 3 |
| <input checked="" type="checkbox"/> Continuous | <input type="checkbox"/> Rhythmic | <input type="checkbox"/> Brief |
| <input checked="" type="checkbox"/> Steady | <input type="checkbox"/> Periodic | <input type="checkbox"/> Momentary |
| <input checked="" type="checkbox"/> Constant | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Transient |

2. What kind of things relieve your pain?
Not doing anything. Pool activities.

3. What kind of things increase your pain?
Walking, exercise, almost everything.

Part 2 What Does Your Pain Feel Like?

- | | | | |
|---|---|--|---|
| 1 | 2 | 3 | 4 |
| <input type="checkbox"/> Flickering | <input type="checkbox"/> Jumping | <input type="checkbox"/> Pricking | <input type="checkbox"/> Sharp |
| <input type="checkbox"/> Quivering | <input type="checkbox"/> Flashing | <input checked="" type="checkbox"/> Boring | <input checked="" type="checkbox"/> Cutting |
| <input checked="" type="checkbox"/> Pulsing | <input checked="" type="checkbox"/> Shooting | <input checked="" type="checkbox"/> Drilling | <input checked="" type="checkbox"/> Lacerating |
| <input checked="" type="checkbox"/> Throbbing | | <input checked="" type="checkbox"/> Stabbing | |
| <input checked="" type="checkbox"/> Beating | | <input type="checkbox"/> Lancinating | |
| <input checked="" type="checkbox"/> Pounding | | | |
| | | | |
| 5 | 6 | 7 | 8 |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Tugging | <input type="checkbox"/> Hot | <input type="checkbox"/> Tingling |
| <input type="checkbox"/> Pressing | <input type="checkbox"/> Pulling | <input type="checkbox"/> Burning | <input type="checkbox"/> Itchy |
| <input checked="" type="checkbox"/> Gnawing | <input checked="" type="checkbox"/> Wrenching | <input type="checkbox"/> Scalding | <input checked="" type="checkbox"/> Smarting |
| <input type="checkbox"/> Camping | | <input type="checkbox"/> Searing | <input type="checkbox"/> Stinging |
| <input checked="" type="checkbox"/> Crushing | | | |
| | | | |
| 9 | 10 | 11 | 12 |
| <input type="checkbox"/> Dull | <input type="checkbox"/> Tender | <input type="checkbox"/> Tiring | <input type="checkbox"/> Sickening |
| <input checked="" type="checkbox"/> Sore | <input checked="" type="checkbox"/> Taut | <input checked="" type="checkbox"/> Exhausting | <input checked="" type="checkbox"/> Suffocating |
| <input checked="" type="checkbox"/> Hurting | <input type="checkbox"/> Rasping | | |
| <input checked="" type="checkbox"/> Aching | <input checked="" type="checkbox"/> Splitting | | |
| <input checked="" type="checkbox"/> Heavy | | | |
| | | | |
| 13 | 14 | 15 | 16 |
| <input type="checkbox"/> Frightful | <input type="checkbox"/> Punishing | <input checked="" type="checkbox"/> Wretched | <input type="checkbox"/> Annoying |
| <input checked="" type="checkbox"/> Terrifying | <input type="checkbox"/> Grueling | <input type="checkbox"/> Blinding | <input checked="" type="checkbox"/> Troublesome |
| | <input checked="" type="checkbox"/> Cruel | | <input checked="" type="checkbox"/> Miserable |
| | <input checked="" type="checkbox"/> Vicious | | <input checked="" type="checkbox"/> Intense |
| | <input checked="" type="checkbox"/> Killing | | <input checked="" type="checkbox"/> Unbearable |
| | | | |
| 17 | 18 | 19 | 20 |
| <input checked="" type="checkbox"/> Radiating | <input checked="" type="checkbox"/> Tight | <input type="checkbox"/> Cool | <input type="checkbox"/> Nagging |
| <input checked="" type="checkbox"/> Penetrating | <input type="checkbox"/> Numb | <input type="checkbox"/> Cold | <input type="checkbox"/> Nauseating |
| <input checked="" type="checkbox"/> Piercing | <input type="checkbox"/> Drawing | <input type="checkbox"/> Freezing | <input checked="" type="checkbox"/> Agonizing |
| | <input checked="" type="checkbox"/> Squeezing | | <input type="checkbox"/> Dreadful |
| | <input type="checkbox"/> Tearing | | <input checked="" type="checkbox"/> Torturing |

Part 4 How Strong Is Your Pain?

People agree that the following 5 worst represent pain of increasing intensity. They are:

- | | | | | |
|------|---------------|-------------|----------|--------------|
| 1 | 2 | 3 | 4 | 5 |
| Mild | Discomforting | Distressing | Horrible | Excruciating |

To answer each question below, write the number of the most appropriate word in the space beside the question.

- Which word describes your pain right now? 4
- Which word describes it as its worst? 5
- Which word describes it when it is least? 4
- Which word describes the worst toothache you ever had? 5
- Which word describes the worst headache you ever had? 5
- Which word describes the worst stomach ache you ever had? 4

Source: Reprinted from McGill Pain Questionnaire from PAIN, V1; 277-299, 1975 with permission from International Association for the Study of Pain

VHA Pain Management

Chronic Pain Primer

Definition of Chronic Pain

CHRONIC PAIN (non-cancer pain) generally refers to intractable pain that exists for three or more months and does not resolve in response to treatment. There is some variation in terms of the required pain duration, in that some conditions may become chronic in as little as one month, while some pain specialists adhere to the six-month pain duration criteria employed in the past.

Chronic Pain VS "Psychogenic Pain"

Perhaps no other issue has done as much damage to individuals with chronic pain as this one. Many health care professionals fail to recognize the complexity of pain and believe that it can be dichotomized based on the presence or absence of physical findings, secondary gain, or prior emotional problems. As a result, countless individuals have been informed that "The pain is all in your head". And if these same individuals react with anger and hurt, we (health care staff) are ready to compound the problem by labeling the individual as hostile, demanding, or aggressive.

In actuality, the correspondence between physical findings (e.g., MRI, CT, or X-ray results) and pain complaints is fairly low (generally, 40% to 60%). Individuals may have abnormal tests (e.g., MRI shows a "bulging disk" or a herniation) with no pain, or substantial pain with negative results. This is because chronic pain can develop in the absence of the gross skeletal changes we are able to detect with current technology. Muscle strain and inflammation are common causes of chronic pain, yet may be extremely difficult to detect. Other conditions may be due to systemic problems (e.g., HIV-related pain or sickle cell pain), trauma to nerves (e.g., post-thoracotomy pain), circulatory difficulties (e.g., diabetic neuropathy), CNS dysfunction (e.g., central pain syndromes), or many others. Yet, in each of these cases we may be unable to "see" the cause of the problem. Instead, we have to rely on the person's report of their pain, coupled with behavioral observations and indirect medical data. This does not mean that the pain is psychogenic. Rather, it means that we are less able to detect or understand its cause.

In actuality, healthy individuals feigning pain for secondary gain purposes are relatively rare. And in most cases, clear monetary motives will be evident. Additionally, the presence of secondary gain does not at all indicate that an individual's pain is less "real". In this country most individuals with chronic pain

receive at least some type of benefit (not necessarily monetary) for pain complaints. Therefore, exaggeration of pain or related problems is to be expected. Unfortunately, many less aware practitioners use the presence of secondary gain or pain amplification as an indication that the person's pain is not "real".

Factors Influencing the Experience of Pain

Pain is a complex response by the organism to a number of factors.

Physiological/Biological Factors

- Site of injury or source of painful stimuli
- Intensity of stimulation/degree of tissue damage
- Type and density of receptors present
- Biologically-based individual differences in pain threshold and sensitivity
- Amount of competing sensory (large fiber) activity

Psychological Factors

- Emotional status of the individual (in general, negative emotions increase pain; positive emotions reduce pain)
- Attentional effects
- Individual beliefs and expectations regarding the experience of pain (pain can be experienced with no noxious stimulation if it is expected)
- The individual's belief regarding their ability to establish control over the pain
- The individual's history of pain experiences and pain sensations (cultural and learning effects)
- General physical health of the person with pain

As pain duration increases, more of these factors begin to influence the experience of pain. Thus, successful chronic pain treatment often involves multiple specialties delivering a range of interventions for a variety of related problems.

Chronic Pain Assessment

The presence of chronic pain does not always mean that the individual with pain is in distress.

Surprisingly, pain may be experienced, but may not be perceived as unpleasant. Therefore, when measuring chronic pain, one needs both quantitative, qualitative, and distress measures.

Quantitative measures are used to judge the "amount" of pain. The best quantitative measure is a scaled self-report of pain. Many of these scales exist. They include verbal descriptive scales, nonverbal scales, scales for children, and number scales. The easiest and perhaps best-validated quantitative measure is the pain Visual Analog Scale (VAS), using either a 0-100 or 0-10 reference line. A typical 10-point VAS, and the version we use, follows:

PAIN

The line length is 10 cm. Scoring the response simply involves measuring the distance between the "no pain" endpoint and the individual's response, in centimeters (e.g., a score of 5.2).

Measures of tissue damage, autonomic levels, and reports of others have not been found to be very reliable or accurate quantitative measures. In fact, correlations between *medical staff* estimates of an individual's pain level and the person's own rating generally are quite low. Behavioral measures of pain (e.g., facial expressions, postural changes, etc.) are accurate but usually require much more time to score.

Qualitative measures are used to differentiate between possible etiologies. Suggestions for gathering some qualitative pain information follow:

- Have the person describe the pain in their own terms. If they have difficulty, provide a verbal list of possible descriptors as examples (e.g., "Is the pain throbbing, aching, pulsating, cutting, burning, shooting, stabbing, pounding, or burning?").
- Determine if it is constant or intermittent. If it is intermittent, ask how often it is present, and what, if anything, seems to trigger it.
- Ask what makes the pain better, and what makes it worse.

Distress measures provide us with information as to how much the pain interferes with the person's life. The more it interferes, the more unpleasant it is perceived. Distress measures include assessment of emotional distress, marital/family dysfunction due to pain, financial pressures due to pain, and a variety of other indicators.

In order to effectively diagnose and treat chronic pain we typically need to incorporate measures from all three of these pain domains (i.e., quantitative, qualitative, and distress) at a minimum. At present there are no universally accepted means of measuring these pain domains.

Chronic Pain Syndromes

In deciding how to treat chronic pain, it is important to distinguish between CHRONIC PAIN and a CHRONIC PAIN SYNDROME. A chronic pain syndrome differs from chronic pain in that people with a chronic pain syndrome, over time, develop a number of related life problems beyond the sensation of pain itself. It is important to distinguish between the two because they respond to different types of treatment.

Most individuals with chronic pain (estimates are about 75% nationally) do not develop the more complicated and distressful chronic pain syndrome. Although they may experience the pain for the remainder of their lives, little change in their daily regimen of activities, family relationships, work, or other life components occurs. Many of these individuals may never seek treatment for pain. Those that do often require less intensive, single-modality interventions.

The 25% who do develop chronic pain syndromes tend to experience increasing physical, emotional, and social deterioration over time. They may abuse pain medications (usually narcotics and/or muscle relaxants), and typically require more intensive, multimodal treatment to stop the cycle of increasing

[REDACTED]

dysfunction. Based on past VA experience, and the prevalence of other complex problems among individuals served by the VA, it is likely that the percentage of veterans with chronic pain who develop a chronic pain syndrome is higher than in the general population.

Symptoms Of Chronic Pain Syndromes

- Reduced activity
- Impaired sleep
- Depression
- Suicidal ideation
- Social withdrawal
- Irritability
- Fatigue
- Memory and cognitive impairment
- Poor self-esteem
- Less interest in sex
- Relationship problems
- Pain behaviors
- Kinesiophobia, or the avoidance of certain movements or activities due to fear of reinjury or re-experiencing the pain.
- Helplessness
- Hopelessness
- Alcohol abuse
- Medication abuse
- Guilt
- Anxiety
- Misbehavior by children in the home
- Loss of employment

There are at present no empirical methods of determining whether or not a chronic pain syndrome is present. Distinctions between the two are based on clinical judgments. Generally, the more of the above symptoms the individual reports or the more severe the symptoms are, the more severe the chronic pain syndrome is. However, the above are symptoms of a chronic pain syndrome *only when they are primarily or mostly due to the pain itself*. For example, individuals with a history of substance abuse or depression which preceded their chronic pain would not meet the requirement that their symptoms be primarily due to their pain.

How Do Chronic Pain Syndromes Develop?

As individuals try to cope with chronic pain, they adopt predictable patterns of behavior which appear to provide short-term relief. Unfortunately, the long-term effects of these patterns tends to be increased pain and more daily impairment. Typically, this results from the **chronic pain cycle**:

pain > less activity > weaker muscles > more pain > less activity > weaker muscles

The deterioration is exacerbated by **Kinesiophobia**, or avoidance of certain movements or activities due to fear of reinjury or re-experiencing the pain. Kinesiophobia leads to more **protective behaviors**, or changes in posture, gait, or movement that reduce the pain for the short term. Unfortunately, over time

they may lead to increased muscle weakness, reduced circulation, muscle spasms and inflammation, reduced flexibility, and, in some cases, muscle atrophy.

Models of Treatment

There are four primary models of chronic pain service delivery, which are based on the results of the *International Association for the Study of Pain* (IASP) Task Force on Guidelines for Desirable Characteristics for Pain Treatment Facilities. These models are represented both in the private sector and in the VA.

Single service clinics or modality-oriented clinics are outpatient clinics that provide a specific type of treatment for pain but do not provide comprehensive assessment or management. Most often they are staffed by individuals from a single discipline with some expertise in a range of pain interventions falling within their areas of specialty training. Examples include a nerve block clinic, a transcutaneous nerve stimulation (TENS) clinic, or a biofeedback clinic. In general, these approaches are best suited for individuals with chronic pain, but without a chronic pain syndrome. The goal of treatment is pain reduction.

The next level of intervention occurs within a **pain clinic**. These outpatient clinics specifically focus on the diagnosis and management of individuals with chronic pain. They are staffed by individuals from one or more disciplines with specialized training in chronic pain. They may focus only on selected pain problems (e.g., a "headache clinic", or a "back pain clinic"), or on more general pain conditions. They may refer to outside consultants or staff for services not available within the clinic. They are most appropriate for individuals with more severe pain but without a chronic pain syndrome. However, those with mild chronic pain syndromes also may be appropriate.

As we increase in treatment intensity and complexity, we next come to the **multidisciplinary (or interdisciplinary) pain clinic**. This level of intervention includes a specific outpatient or inpatient program of treatment which typically includes at a minimum physical restoration, medical, educational, and psychological services delivered by an identifiable team of individuals from a range of disciplines with extensive training and experience in chronic pain interventions. These pain programs are most suited for those with mild to moderate chronic pain syndromes who require more global and intensive treatment of their pain and their related areas of dysfunction. Goals include improvement in pain, activity level, flexibility, strength, endurance, and psychosocial functioning.

The final type of treatment delivery is provided through a **multidisciplinary (or interdisciplinary) pain center**. The pain center is the largest and most complex type of pain treatment model, and typically is associated with a medical school or teaching hospital. Such centers offer treatment of both acute and chronic pain using a dedicated, interdisciplinary staff working in a team setting. Staff specialize in pain

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treatment. Unlike the multidisciplinary pain clinic, pain centers also must engage in active pain-related research and staff education. Pain centers are most appropriate for individuals with moderate to severe chronic pain syndromes, and for those with less severe pain syndromes but very complex and refractory pain problems. They also are most appropriate for individuals with chronic pain whose rehabilitation is complicated by concurrent medical or emotional problems that require closer monitoring and the immediate availability of emergent and supportive services.

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4a. GRADE, RATE OR RANK		5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
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12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
a. DATE ENTERED AD THIS PERIOD		2001	03	22	
b. SEPARATION DATE THIS PERIOD		2009	07	07	
c. NET ACTIVE SERVICE THIS PERIOD		0008	03	16	
d. TOTAL PRIOR ACTIVE SERVICE		0003	09	09	
e. TOTAL PRIOR INACTIVE SERVICE		0004	02	02	
f. FOREIGN SERVICE		0001	05	17	
g. SEA SERVICE		0000	09	09	
h. EFFECTIVE DATE OF PAY GRADE		2005	04	01	
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15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
16. DAYS ACCRUED LEAVE PAID 0		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
18. REMARKS //IMMEDIATE REENLISTMENTS THIS PERIOD -- 20010322-20030422, 20030423-20060301//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN IRAQ 20050423-20060427//SERVICE IN KUWAIT 20060428-20060501//DISABILITY SEVERANCE PAY -- \$72204.00//BLOCK 1: OTHER NAME(S) OF RECORD: [REDACTED]//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//MEMBER IS ENTITLED TO NO INVOLUNTARY SEPARATION PAY//CONT FROM BLOCK 13: RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//PARACHUTIST BADGE//AIR ASSAULT BADGE//DRIVER AND MECHANIC BADGE - MECHANIC//PARACHUTE RIGGER BADGE//GERMAN ARMED FORCES PARACHUTIST BADGE - BRONZE//NOTHING FOLLOWS					
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